
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 395

Date: DECEMBER 15, 2004

CHANGE REQUEST 3619

SUBJECT: Ambulance Fee Schedule – Medical Conditions List

I. SUMMARY OF CHANGES: This change request provides the Ambulance Medical Conditions List.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005

IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

| R/N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|-------|--|
| N | 15/30.3/Ambulance Fee Schedule – Medical Conditions List |
| N | Attachment 1 Medical Conditions List |
| | |

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

| | |
|---|-------------------------------|
| X | Business Requirements |
| X | Manual Instruction |
| | Confidential Requirements |
| | One-Time Notification |
| | Recurring Update Notification |

*Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

| | | | |
|-------------|------------------|-------------------------|---------------------|
| Pub. 100-04 | Transmittal: 395 | Date: December 15, 2004 | Change Request 3619 |
|-------------|------------------|-------------------------|---------------------|

SUBJECT: Ambulance Fee Schedule – Medical Conditions List

I. GENERAL INFORMATION

A. Background:

This document furnishes you with the Ambulance Medical Conditions List. Under Medicare, a patient's reason for transport is currently defined by the use of the Health Care Common Procedure Coding System (HCPCS) codes, which are billing codes used on the claim form. The HCPCS codes address every type of ambulance transport.

The Ambulance Medical Conditions List provides a crosswalk from the ICD-9-CM code that may be used to describe the patient's clinical condition during the transport to the HCPCS code. Each transport situation is different, so each transport is numbered consecutively, and the general and specific conditions are described in English. This creates the Ambulance Medical Conditions List.

B. Policy:

The Ambulance Medical Conditions List is intended primarily as an educational guideline. It will help ambulance providers and suppliers to communicate the patient's condition to Medicare contractors, as reported by the dispatch center and as observed by the ambulance crew. The ambulance medical condition codes crosswalk to ICD-9-CM codes, and use of the ICD-9-CM codes in the crosswalk will not guarantee payment of the claim or payment for a certain level of service. Also, neither the presence nor absence of a code affects whether the claim would be paid or denied. Ambulance providers and suppliers must retain adequate documentation of dispatch instructions, patient's condition, other on-scene information, and details of the transport (e.g., medications administered, changes in the patient's condition, and miles traveled), all of which may be subject to medical review by the Medicare contractor or other oversight authority. Medicare contractors will rely on medical record documentation to justify coverage, not simply the HCPCS code or the condition code by themselves. All current Medicare ambulance policies remain in place.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "Medlearn Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters

articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly

II. BUSINESS REQUIREMENTS

| Requirement # | Requirements | Responsibility |
|---------------|--|---|
| 3619.1 | The Ambulance Fee Schedule – Medical Conditions List may be made available to all ambulance providers and suppliers for their use. | All contractors with Medicare ambulance service claims. |

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

| X-Ref Requirement # | Instructions |
|---------------------|--------------|
| | N/A |

B. Design Considerations:

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|---------------------|---|
| | N/A |

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

| | |
|---|---|
| <p>Effective Date: January 1, 2005</p> <p>Implementation Date: January 3, 2005</p> <p>Pre-Implementation Contact(s): Anne Tayloe, (410)786-4546</p> <p>Post-Implementation Contact(s): Anne Tayloe, (410)786-4546</p> | <p>These instructions should be implemented within your current operating budget.</p> |
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Medicare Claims Processing Manual

Chapter 15 - Ambulance

Table of Contents

(Rev.395, 12-15-04)

30.3 – Ambulance Fee Schedule – Medical Conditions List

Attachment 1 – Medical Conditions List

30.3 – Ambulance Fee Schedule – Medical Conditions List

(Rev.395, Issued: 12-15-04, Effective: 01-01-05, Implementation: 01-03-05)

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Ambulance Fee Schedule - Medical Conditions List

The following list is intended as primarily an educational guideline. It will help ambulance providers and suppliers to communicate the patient's condition to Medicare contractors, as reported by the dispatch center and as observed by the ambulance crew. Use of the codes does not guarantee payment of the claim or payment for a certain level of service. Ambulance providers and suppliers must retain adequate documentation of dispatch instructions, patient's condition, other on-scene information, and details of the transport (e.g., medications administered, changes in the patient's condition, and miles traveled), all of which may be subject to medical review by the Medicare contractor or other oversight authority. Medicare contractors will rely on medical record documentation to justify coverage, not simply the HCPCS code or the condition code by themselves. All current Medicare ambulance policies remain in place.

IMPORTANT NOTE: DO NOT use the Condition Code # on the Ambulance Claim Form, use the ICD-9-CM Code.

| # | ICD9 Primary Code | ICD9 Alternative Specific Code | Condition (General) | Condition (Specific) | Service Level | Comments and Examples (not all-inclusive) | HCPC Crosswalk |
|---|-------------------|--|-----------------------|------------------------------|---------------|--|----------------|
| Emergency Conditions (non-traumatic) | | | | | | | |
| 1 | 789.00 | 458.9, 780.2, 787.01, 787.02, 787.03, 789.01, 789.02, 789.03, 789.04, 789.05, 789.06, 789.07, 789.09, 789.60 through 789.69, or 789.40 through 789.49 PLUS any other code from 780 through 799 except 793, 794, and 795. | Severe abdominal pain | With other signs or symptoms | ALS | Nausea, vomiting, fainting, pulsatile mass, distention, rigid, tenderness on exam, guarding. | A0427/A0433 |

Ambulance Fee Schedule - Medical Conditions List

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|---|-------------------|---|---------------------|---------------------------------|--|---------------|---|----------------|
| 2 | 789.00 | 726.2, 789.01, 789.02, 789.03, 789.04, 789.05, 789.06, 789.07, or 789.09. | Abdominal pain | Without other signs or symptoms | | BLS | | A0429 |

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|---|-------------------|---|--|------------------------------|---------------|--|----------------|
| 3 | 427.9 | 426.0, 426.3, 426.4, 426.6, 426.11, 426.13, 426.50, 426.53, 427.0, 427.1, 427.2, 427.31, 427.32, 427.41, 427.42, 427.5, 427.60, 427.61, 427.69, 427.81, 427.89, 785.0, 785.50, 785.51, 785.52, or 785.59. | Abnormal cardiac rhythm/Cardiac dysrhythmia. | Potentially life-threatening | ALS | Bradycardia, junctional and ventricular blocks, non-sinus tachycardias, PVC's >6, bi and trigeminy, ventricular tachycardia, ventricular fibrillation, atrial flutter, PEA, asystole, AICD/AED Fired | A0427/A0433 |
| 4 | 780.8 | 782.5 or 782.6 | Abnormal skin signs | | ALS | Diaphoresis, cyanosis, delayed cap refill, poor turgor, mottled. | A0427/A0433 |

Ambulance Fee Schedule - Medical Conditions List

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|---|-------------------|--|--|------------------------------|---------------|---|----------------|
| 5 | 796.4 | 458.9, 780.6, 785.9, 796.2, or 796.3 PLUS any other code from 780 through 799. | Abnormal vital signs (includes abnormal pulse oximetry). | With or without symptoms. | ALS | | A0427/A0433 |
| 6 | 995.0 | 995.1, 995.2, 995.3, 995.4, 995.60, 995.61, 995.62, 995.63, 995.64, 995.65, 995.66, 995.67, 995.68, 995.69 or 995.7. | Allergic reaction | Potentially life-threatening | ALS | Other emergency conditions, rapid progression of symptoms, prior hx. Of anaphylaxis, wheezing, difficulty swallowing. | A0427/A0433 |

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| # | ICD9 Primary Code | ICD9 Alternative Specific Code | Condition (General) | Condition (Specific) | Service Level | Comments and Examples (not all-inclusive) | HCPC Crosswalk |
|---|-------------------|---|---------------------|----------------------|---------------|--|----------------|
| 7 | 692.9 | 692.0, 692.1, 692.2, 692.3, 692.4, 692.5, 692.6, 692.70, 692.71, 692.72, 692.73, 692.74, 692.75, 692.76, 692.77, 692.79, 692.81, 692.82, 692.83, 692.89, 692.9, 693.0, 693.1, 693.8, 693.9, 695.9, 698.9, 708.9, 782.1. | Allergic reaction | Other | BLS | Hives, itching, rash, slow onset, local swelling, redness, erythema. | A0429 |

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|----|-------------------|------------------------------------|----------------------|--------------------------------------|---------------|--|----------------|
| 8 | 790.21 | 790.22, 250.02, or 250.03. | Blood glucose | Abnormal <80 or >250, with symptoms. | ALS | Altered mental status, vomiting, signs of dehydration. | A0427/A0433 |
| 9 | 799.1 | 786.02, 786.03, 786.04, or 786.09. | Respiratory arrest | | ALS | Apnea, hypoventilation requiring ventilatory assistance and airway management. | A0427/A0433 |
| 10 | 786.05 | | Difficulty breathing | | ALS | | A0427/A0433 |

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|----|-------------------|---------------------------------------|---|---|---------------|--|----------------|
| 11 | 427.5 | | Cardiac arrest—Resuscitation in progress | | ALS | | A0427/A0433 |
| 12 | 786.50 | 786.51, 786.52, or 786.59. | Chest pain (non-traumatic) | | ALS | Dull, severe, crushing, substernal, epigastric, left sided chest pain associated with pain of the jaw, left arm, neck, back, and nausea, vomiting, palpitations, pallor, diaphoresis, decreased LOC. | A0427/A0433 |
| 13 | 784.9 | 933.0 or 933.1. | Choking episode | Airway obstructed or partially obstructed | ALS | | A0427/A0433 |
| 14 | 991.6 | | Cold exposure | Potentially life or limb threatening | ALS | Temperature< 95F, deep frost bite, other emergency conditions. | A0427/A0433 |
| 15 | 991.9 | 991.0, 991.1, 991.2, 991.3, or 991.4. | Cold exposure | With symptoms | BLS | Shivering, superficial frost bite, and other emergency conditions. | A0429 |
| 16 | 780.01 | 780.02, 780.03, or 780.09. | Altered level of consciousness (nontraumatic) | | ALS | Acute condition with Glasgow Coma Scale<15. | A0427/A0433 |

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| # | ICD9 Primary Code | ICD9 Alternative Specific Code | Condition (General) | Condition (Specific) | Service Level | Comments and Examples (not all-inclusive) | HCPC Crosswalk |
|----|-------------------|--|-----------------------------|--|---------------|---|----------------|
| 17 | 780.39 | 345.00, 345.01, 345.2, 345.3, 345.10, 345.11, 345.40, 345.41, 345.50, 345.51, 345.60, 345.61, 345.70, 345.71, 345.80, 345.81, 345.90, 345.91, or 780.31. | Convulsions/Seizures | Seizing, immediate post-seizure, postictal, or at risk of seizure & requires medical monitoring/observation. | ALS | | A0427/A0433 |
| 18 | 379.90 | 368.11, 368.12, or 379.91. | Eye symptoms, non-traumatic | Acute vision loss and/or severe pain | BLS | | A0429 |
| 19 | 437.9 | 784.0 PLUS 781.0, 781.1, 781.2, 781.3, 781.4, or 781.8. | Non traumatic headache | With neurologic distress conditions or sudden severe onset | ALS | | A0427/A0433 |

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|----|-------------------|---|---|---------------------------------|---------------|---|----------------|
| 20 | 785.1 | | Cardiac Symptoms other than chest pain. | Palpitations, skipped beats | ALS | | A0427/A0433 |
| 21 | 536.2 | 787.01, 787.02, 787.03, 780.79, 786.8, or 786.52. | Cardiac symptoms other than chest pain. | Atypical pain or other symptoms | ALS | Persistent nausea and vomiting, weakness, hiccups, pleuritic pain, feeling of impending doom, and other emergency conditions. | A0427/A0433 |
| 22 | 992.5 | 992.0, 992.1, 992.3, 992.4, or 992.5. | Heat Exposure | Potentially life-threatening | ALS | Hot and dry skin, Temp>105, neurologic distress, signs of heat stroke or heat exhaustion, orthostatic vitals, other emergency conditions. | A0427/A0433 |
| 23 | 992.2 | 992.6, 992.7, 992.8, or 992.9. | Heat exposure | With symptoms | BLS | Muscle cramps, profuse sweating, fatigue. | A0429 |

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|----|-------------------|--|--|--|---------------|---|----------------|
| 24 | 459.0 | 569.3, 578.0, 578.1, 578.9, 596.7, 596.8, 623.8, 626.9, 637.1, 634.1, 666.00, 666.02, 666.04, 666.10, 666.12, 666.14, 666.20, 666.22, 666.24, 674.30, 674.32, 674.34, 786.3, 784.7, or 998.11. | Hemorrhage | Severe (quantity) and potentially life-threatening | ALS | Uncontrolled or significant signs of shock or other emergency conditions. Severe, active vaginal, rectal bleeding, hematemesis, hemoptysis, epistaxis, active post-surgical bleeding. | A0427/A0433 |
| 25 | 038.9 | 136.9, any other condition in the 001 through 139 code range which would require isolation. | Infectious diseases requiring isolation procedures / public health risk. | | BLS | | A0429 |

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|----|-------------------|--|---------------------|----------------------|---------------|--|----------------|
| 26 | 987.9 | 981, 982.0, 982.1, 982.2, 982.3, 982.4, 982.8, 983.0, 983.1, 983.2, 983.9, 984.0, 984.1, 984.8, 984.9, 985.0, 985.1, 985.2, 985.3, 985.4, 985.5, 985.6, 985.8, 985.9, 986, 987.0, 987.1, 987.2, 987.3, 987.4, 987.5, 987.6, 987.7, 987.8, 989.1, 989.2, 989.3, 989.4, 989.6, 989.7, 989.9, or 990. | Hazmat Exposure | | ALS | Toxic fume or liquid exposure via inhalation, absorption, oral, radiation, smoke inhalation. | A0427/A0433 |

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|----|-------------------|---|------------------------|--|---------------|--|----------------|
| 27 | 996.00 | 996.01, 996.02, 996.04, 996.09, 996.1, or 996.2. | Medical Device Failure | Life or limb threatening malfunction, failure, or complication. | ALS | Malfunction of ventilator, internal pacemaker, internal defibrillator, implanted drug delivery device. | A0427/A0433 |
| 28 | 996.30 | 996.31, 996.4, or 996.59. | Medical Device Failure | Health maintenance device failures that cannot be resolved on location. | BLS | OS supply malfunction, orthopedic device failure. | A0429 |
| 29 | 436 | 291.3, 293.82, 298.9, 344.9, 368.16, 369.9, 780.09, 780.4, 781.0, 781.2, 781.94, 781.99, 782.0, 784.3, 784.5, or 787.2. | Neurologic Distress | Facial drooping; loss of vision; aphasia; difficulty swallowing; numbness, tingling extremity; stupor, delirium, confusion, hallucinations; paralysis, paresis (focal weakness); abnormal movements; vertigo; unsteady gait/balance; slurred speech, unable to speak | ALS | | A0427/A0433 |

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|----|-------------------|--------------------------------|--|--|---------------|---|----------------|
| 30 | 780.99 | | Pain, severe not otherwise specified in this list. | Acute onset, unable to ambulate or sit due to intensity of pain. | ALS | Pain is the reason for the transport. Use severity scale (7–10 for severe pain) or patient receiving pre-hospital pharmacologic intervention. | A0427/A0433 |
| 31 | 724.5 | 724.2 or 785.9. | Back pain—non-traumatic (T and/or LS). | Suspect cardiac or vascular etiology | ALS | Other emergency conditions, absence of or decreased leg pulses, pulsatile abdominal mass, severe tearing abdominal pain. | A0427/A0433 |
| 32 | 724.9 | 724.2, 724.5, 847.1, or 847.2. | Back pain—non-traumatic (T and/or LS). | Sudden onset of new neurologic symptoms | ALS | Neurologic distress list. | A0427/A0433 |
| 33 | 977.9 | Any code from 960 through 979. | Poisons, ingested, injected, inhaled, absorbed. | Adverse drug reaction, poison exposure by inhalation, injection or absorption. | ALS | | A0427/A0433 |

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| # | ICD9 Primary Code | ICD9 Alternative Specific Code | Condition (General) | Condition (Specific) | Service Level | Comments and Examples (not all-inclusive) | HCPC Crosswalk |
|----|-------------------|--|--|---|---------------|---|----------------|
| 34 | 305.00 | 303.00, 303.01, 303.02, 303.03, or any code from 960 through 979. | Alcohol intoxication or drug overdose (suspected). | Unable to care for self and unable to ambulate. No airway compromise. | BLS | | A0429 |
| 35 | 977.3 | | Severe alcohol intoxication. | Airway may or may not be at risk. Pharmacological intervention or cardiac monitoring may be needed. Decreased level of consciousness resulting or potentially resulting in airway compromise. | ALS | | A0427/A0433 |
| 36 | 998.9 | 674.10, 674.12, 674.14, 674.20, 674.22, 674.24, 997.69, 998.31, 998.32, or 998.83. | Post—operative procedure complications. | Major wound dehiscence, evisceration, or requires special handling for transport. | BLS | Non-life threatening. | A0429 |

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|----|-------------------|---|--|---|---------------|---|----------------|
| 37 | 650 | Any code from 660 through 669 or from 630 through 767. | Pregnancy complication/ Childbirth/Labor | | ALS | | A0427/A0433 |
| 38 | 292.9 | 291.0, 291.3, 291.81, 292.0, 292.81, 292.82, 292.83, 292.84, or 292.89. | Psychiatric/Behavioral | Abnormal mental status; drug withdrawal. | ALS | Disoriented, DT's, withdrawal symptoms | A0427/A0433 |
| 39 | 298.9 | 300.9 | Psychiatric/Behavioral | Threat to self or others, acute episode or exacerbation of paranoia, or disruptive behavior | BLS | Suicidal, homicidal, or violent. | A0429 |
| 40 | 036.9 | 780.6 PLUS either 784.0 or 723.5. | Sick Person - Fever | Fever with associated symptoms (headache, stiff neck, etc.). Neurological changes. | BLS | Suspected spinal meningitis. | A0429 |

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|----|-------------------|--------------------------------|---|---|---------------|---|----------------|
| 41 | 787.01 | 787.02, 787.03, or 787.91. | Severe dehydration | Nausea and vomiting, diarrhea, severe and incapacitating resulting in severe side effects of dehydration. | ALS | | A0429 |
| 42 | 780.02 | 780.2 or 780.4 | Unconscious, fainting, syncope, near syncope, weakness, or dizziness. | Transient unconscious episode or found unconscious. Acute episode or exacerbation. | ALS | | A0427/A0433 |

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|----|-------------------|--|---------------------|---|---------------|--|----------------|
| | | | | Emergency Conditions—Trauma | | | |
| 43 | 959.8 | 800.00 through 804.99, 807.4, 807.6, 808.8, 808.9, 812.00 through 812.59, 813.00 through 813.93, 813.93, 820.00 through 821.39, 823.00 through 823.92, 851.00 through 866.13, 870.0 through 879.9, 880.00 through 887.7, or 890.0 through 897.7. | Major trauma | As defined by ACS Field Triage Decision Scheme. | ALS | Trauma with one of the following: Glasgow <14; systolic BP<90; RR<10 or >29; all penetrating injuries to head, neck, torso, extremities proximal to elbow or knee; flail chest; combination of trauma and burns; pelvic fracture; 2 or more long bone fractures; open or depressed skull fracture; paralysis; severe mechanism of injury including: ejection, death of another passenger in same patient compartment, falls >20", 20" deformity in vehicle or 12" deformity of patient compartment, auto pedestrian/ bike, pedestrian thrown/run over, motorcycle accident at speeds >20 mph and rider separated from vehicle. | A0427/A0433 |

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|----|-------------------|--|---------------------|--|---------------|---|----------------|
| 44 | 518.5 | | Other trauma | Need to monitor or maintain airway | ALS | Decreased LOC, bleeding into airway, trauma to head, face or neck. | A0427/A0433 |
| 45 | 958.2 | 870.0 through 879.9, 880.00 through 887.7, 890.0 through 897.7, or 900.00 through 904.9. | Other trauma | Major bleeding | ALS | Uncontrolled or significant bleeding. | A0427/A0433 |
| 46 | 829.0 | 805.00, 810.00 through 819.1, or 820.00 through 829.1. | Other trauma | Suspected fracture/dislocation requiring splinting/immobilization for transport. | BLS | Spinal, long bones, and joints including shoulder elbow, wrist, hip, knee, and ankle, deformity of bone or joint. | A0429 |
| 47 | 880.00 | 880.00 through 887.7 or 890.0 through 897.7. | Other trauma | Penetrating extremity injuries | BLS | Isolated with bleeding stopped and good CSM. | A0429 |

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|----|-------------------|---|---------------------|---|---------------|--|----------------|
| 48 | 886.0 or 895.0 | 886.1 or 895.1. | Other trauma | Amputation—digits | BLS | | A0429 |
| 49 | 887.4 or 897.4 | 887.0, 887.1, 887.2, 887.3, 887.6, 887.7, 897.0, 897.1, 897.2, 897.3, 897.5, 897.6, or 897.7. | Other trauma | Amputation—all other | ALS | | A0427/A0433 |
| 50 | 869.0 or 869.1 | 511.8, 512.8, 860.2, 860.3, 860.4, 860.5, 873.8, 873.9, or 959.01. | Other trauma | Suspected internal, head, chest, or abdominal injuries. | ALS | Signs of closed head injury, open head injury, pneumothorax, hemothorax, abdominal bruising, positive abdominal signs on exam, internal bleeding criteria, evisceration. | A0427/A0433 |

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|----|-------------------|--|---------------------|---|---------------|---|----------------|
| 51 | 949.3 | 941.30 through 941.39, 942.30 through 942.39, 943.30 through 943.39, 944.30 through 944.38, 945.30 through 945.39, or 949.3. | Burns | Major—per American Burn Association (ABA) | ALS | Partial thickness burns > 10% total body surface area (TBSA); involvement of face, hands, feet, genitalia, perineum, or major joints; third degree burns; electrical; chemical; inhalation; burns with preexisting medical disorders; burns and trauma; | A0427/A0433 |

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|----|-------------------|--|---------------------------------|--------------------------------------|---------------|--|----------------|
| 52 | 949.2 | 941.20 through 941.29, 942.20 through 942.29, 943.20 through 943.29, 944.20 through 944.28, 945.20 through 945.29, or 949.2. | Burns | Minor—per ABA | BLS | Other burns than listed above. | A0429 |
| 53 | 989.5 | | Animal bites/sting/envenomation | Potentially life or limb-threatening | ALS | Symptoms of specific envenomation, significant face, neck, trunk, and extremity involvement; other emergency conditions. | A0427/A0433 |
| 54 | 879.8 | Any code from 870.0 through 897.7. | Animal bites/sting/envenomation | Other | BLS | Local pain and swelling or special handling considerations (not related to obesity) and patient monitoring required. | A0429 |
| 55 | 994.0 | | Lightning | | ALS | | A0427/A0433 |
| 56 | 994.8 | | Electrocution | | ALS | | A0427/A0433 |

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|----|-------------------|--|---------------------|---|---------------|---|----------------|
| 57 | 994.1 | | Near Drowning | Airway compromised during near drowning event. | ALS | | A0427/A0433 |
| 58 | 921.9 | 870.0 through 870.9, 871.0, 871.1, 871.2, 871.3, 871.4, 871.5, 871.6, 871.7, 871.9, or 921.0 through 921.9. | Eye injuries | Acute vision loss or blurring, severe pain or chemical exposure, penetrating, severe lid lacerations. | BLS | | A0429 |
| 59 | 995.83 | 995.53 or V71.5 PLUS any code from 925.1 through 929.9, 930.0 through 939.9, 958.0 through 958.8, or 959.01 through 959.9. | Sexual assault | With major injuries | ALS | Reference Codes 959.8, 958.2, 869.0/869.1 | A0427/A0433 |

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| | | | | | | | | |
|----|-------|---|----------------|---------------------------|--|-----|--|-------|
| 60 | 995.8 | 995.53 or V71.5 PLUS any code from 910.0 through 919.9, 920 through 924.9, or 959.01 through 959.9. | Sexual assault | With minor or no injuries | | BLS | | A0429 |
|----|-------|---|----------------|---------------------------|--|-----|--|-------|

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|----------------------|-------------------|---|--|----------------------|---------------|---|----------------|
| Non-Emergency | | | | | | | |
| 61 | 428.9 | | Cardiac/hemodynamic monitoring required en route. | | ALS | Expectation monitoring is needed before and after transport. | A0426 |
| 62 | 518.81 or 518.89 | V46.11 or V46.12. | Advanced airway management. | | ALS | Ventilator dependent, apnea monitor, possible intubation needed, deep suctioning. | A0426, A0434 |
| 63 | Need Code | | IV meds required en route. | | ALS | Does not apply to self-administered IV medications. | A0426 |
| 64 | 293.0 | | Chemical restraint. | | ALS | | A0426 |
| 65 | 496 | 491.20, 491.21, 492.0 through 492.8, 493.20, 493.21, 493.22, 494.0, or 494.1. | Suctioning required en route, need for titrated O2 therapy or IV fluid management. | | BLS | Per transfer instructions. | A0428 |

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|----|-------------------|---|--|----------------------|---------------|--|----------------|
| 66 | 786.09 | | Airway control/positioning required en route. | | BLS | Per transfer instructions. | A0428 |
| 67 | 496 | 491.20, 491.21, 492.0 through 492.8, 493.20, 493.21, 493.22, 494.0, or 494.1. | Third party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route. | | BLS | Does not apply to patient capable of self-administration of portable or home O2. Patient must require oxygen therapy and be so frail as to require assistance. | A0428 |
| 68 | 298.9 | Add 295.0 through 295.9 with 5th digits of 0, 1, 3, or 4, 296.00 or 299.90. | Patient Safety: Danger to self or others - in restraints. | | BLS | Refer to definition in 42 C.F.R Sec. 482.13(e). | A0428 |
| 69 | 293.1 | | Patient Safety: Danger to self or others - monitoring. | | BLS | Behavioral or cognitive risk such that patient requires monitoring for safety. | A0428 |

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|----|-------------------|---|---|----------------------|---------------|--|----------------|
| 70 | 298.8 | Add 295.0 through 295.9 with 5th digits of 0, 1, 3, or 4, 296.00 or 299.90. | Patient Safety: Danger to self or others - seclusion (flight risk). | | BLS | Behaviorial or cognitive risk such that patient requires attendant to assure patient does not try to exit the ambulance prematurely. Refer to 42 C.F.R. Sec. 482.13(f)(2) for definition | A0428 |
| 71 | 781.3 | Add 295.0 through 295.9 with 5th digits of 0, 1, 3, or 4, 296.00 or 299.90. | Patient Safety: Risk of falling off wheelchair or stretcher while in motion (not related to obesity). | | BLS | Patient's physical condition is such that patient risks injury during vehicle movement despite restraints. Indirect indicators include MDS criteria. | A0428 |
| 72 | 041.9 | | Special handling en route - isolation. | | BLS | Includes patients with communicable diseases or hazardous material exposure who must be isolated from public or whose medical condition must be protected from public exposure; surgical drainage complications. | A0428 |

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|----|-------------------|-----------------------------------|--|----------------------|--|---------------|--|----------------|
| 73 | 907.2 | | Special handling en route to reduce pain - orthopedic device. | | | BLS | Backboard, halotraction, use of pins and traction, etc. Pain may be present. | A0428 |
| 74 | 719.45 or 719.49 | 718.40, 718.45, 718.49, or 907.2. | Special handling en route - positioning requires specialized handling. | | | BLS | Requires special handling to avoid further injury (such as with >grade 2 decubiti on buttocks). Generally does not apply to shorter transfers of <1 hour. Positioning in wheelchair or standard car seat inappropriate due to contractures or recent extremity fractures —post-op hip as an example. # | A0428 |

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| <h3>Modifiers</h3> | | | | | | |
|---|--|---|---|--------------------------|--|--|
| Transport Description Modifiers Air and Ground* | Transport Category | Modifier Description | | Service Level | Comments and Examples | HCPC Crosswalk |
| A | Interfacility Transport | EMTALA-certified inter-facility transfer to a higher level of care. | Beneficiary requires higher level of care. | BLS, ALS, SCT, FW, RW | Excludes patient-requested EMTALA transfer. | A0428, A0429, A0426, A0427, A0433, A0434 |
| B | Interfacility Transport | Service not available at originating facility, and must meet one or more emergency or non- emergency conditions. | | BLS, ALS, SCT, FW, RW | MUST specify what service is not available on the submitted claim in the narrative/coment field. | A0428, A0429, A0426, A0427, A0433, A0434 |
| C | ALS level Response to BLS level Patient | ALS Response Required based upon appropriate Dispatch Protocols - BLS level patient transport | Indicates to Carrier/Intermediary that an ALS level ambulance responded appropriately based upon the information received at the time the call was received in dispatch and after a clinically appropriate ALS-assessment was performed on scene, it was determined that the condition of the patient was at a BLS level. These claims, properly documented, should be reimbursed at an ALS-1 level based upon coverage guidelines under the Ambulance Medicare Fee Schedule. | ALS | Must specify BOTH conditions on the claim - initial condition would indicate the BLS level condition of the patient during transport and the second would indicate the ALS level condition that describes the information received at the time of dispatch | A0427 |

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| Transport Description Modifiers Air and Ground* | Transport Category | Modifier Description | | Service Level | Service Level | Comments and Examples | |
|---|--|--|---|---------------|---------------|---|---------------------------|
| D | Medically necessary transport but not to the nearest facility. | BLS or ALS Response | Indicates to Carrier/Intermediary that an ambulance provided a medically necessary transport, but that the number of miles on the Medicare claim form may be excessive. | BLS/ALS | | This should occur if the facility is on divert status or the particular service is not available at the time of transport only. In these instances the ambulance units should clearly document why the beneficiary was not transported to the nearest facility. | Based on transport level. |
| E | BLS Transport of ALS-level Patient | ALS-Level Condition treated and transport by a BLS-level ambulance | This modifier is used for ALL situations where a BLS-level ambulance treats and transports a patient that presents an ALS-level condition. No ALS-level assessment or intervention occurs at all during the patient encounter. | BLS | | This code MUST be submitted on the claim in addition to the code whenever a BLS-level ambulance transports a patient presenting an ALS-level condition. | A0429 |
| F | Emergency Trauma Dispatch Condition Code | Major Incident or Mechanism of Injury | Major Incident-This modifier is to be used ONLY as a secondary code when the on-scene encounter is a BLS-level patient. | ALS | | Trapped in machinery, close proximity to explosion, building fire with persons reported inside, major incident involving aircraft, bus, subway, metro, train and watercraft. Victim entrapped in vehicle. | A0427/A0433 |

Ambulance Fee Schedule - Medical Conditions List

The following list is intended as primarily an educational guideline. It will help ambulance providers and suppliers to communicate the patient's condition to Medicare contractors, as reported by the dispatch center and as observed by the ambulance crew. Use of the codes does not guarantee payment of the claim or payment for a certain level of service. Ambulance providers and suppliers must retain adequate documentation of dispatch instructions, patient's condition, other on-scene information, and details of the transport (e.g., medications administered, changes in the patient's condition, and miles traveled), all of which may be subject to medical review by the Medicare contractor or other oversight authority. Medicare contractors will rely on medical record documentation to justify coverage, not simply the HCPCS code or the condition code by themselves. All current Medicare ambulance policies remain in place.

IMPORTANT NOTE: DO NOT use the Condition Code # on the Ambulance Claim Form, use the ICD-9-CM Code.

| Air Ambulance Transport | | | | | |
|-----------------------------------|--|---------------|---|----------------|--|
| Air Ambulance Transport Modifiers | Modifier Description | Service Level | Comments and Examples | HCPC Crosswalk | |
| Air-A | Long Distance-patient's condition requires rapid transportation over a long distance | FW, RW | If the patient's condition warrants only. | A0430, A0431 | |
| Air-B | Under rare and exceptional circumstances, traffic patterns preclude ground transport at the time the response is required. | FW, RW | | A0430, A0431 | |
| Air-C | Time to get to the closest appropriate hospital due to the patient's condition precludes transport by ground ambulance. Unstable patient with need to minimize out-of-hospital time to maximize clinical benefits for the patient. | FW, RW | | A0430, A0431 | |
| Air-D | Pick-up point not accessible by ground ambulance | FW, RW | | A0430, A0431 | |

Note: HCPC Crosswalk to ALS1E (A0427) and ALS2 (A0433) would ultimately be determined by the number and type of ALS level services provided during transport. All medical condition codes can be crosswalked to fixed wing and rotor wing HCPCS provided the air ambulance service has documented the medical necessity for air ambulance service versus ground or water ambulance. As a result, codes A0430 (Fixed Wing) and A0431 (Rotor Wing) can be included in Column 7 for each condition listed.